MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05882

5889 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON 40
LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. WASHINGTON ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON 40
STREET ADDRESS (If rural give location) S. WASHINGTON ST.

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) RUBELLE (Last) BLANTON

4. DATE OF DEATH: (Month) JUNE (Day) 14 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 5, 1880

9. AGE last birthday: 73 73 yrs. IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired) HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): JACKSON MISSISSIPPI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM YARBROUGH

14. MOTHER'S MAIDEN NAME: SARAH BREWER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. KENNETH A. CLARK, EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 450.0 (a) GENERALIZED ARTERIOSCLEROSIS DUE TO — Interval Between Onset And Death: YEARS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. POST-HERPETIC NEURALGIA — 3 YEARS

19a. DATE OF OPERATION: D

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1953, to JUNE 14, 1954, that I last saw the deceased alive on 6-14-, 1954, and that death occurred at 11:12 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald A. Bartley M.D. ADDRESS Easton, Md. DATE SIGNED 6-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF June 17 '54

NAME OF CEMETERY OR CREMATORY SPRING HILL CEMETERY

LOCATION (City, town, or county) (State) EASTON, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 6/16/54

REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR W. Hampton Caudle Jr. ADDRESS EASTON, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1954
BUREAU OF U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05883

5890

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40

LENGTH OF STAY (in this place) 9hrs-20min

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 05X-2

STREET ADDRESS (If rural give location) 126 W. Central Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Levin (Last) Boyce

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 6, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturer

10b. KIND OF BUSINESS OR INDUSTRY: Concrete

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin M. Boyce

14. MOTHER'S MAIDEN NAME: Mary Hitchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-07-1436

17. INFORMANT & ADDRESS: Helen Boyce - Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocardial infarction due to

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic coronary thrombosis

DUE TO

(c)

Interval Between Onset And Death: –

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8, 1954, to 6/, 1954, that I last saw the deceased alive on 6/8, 1954, and that death occurred at 10:15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thurston Harrison M.D. ADDRESS Easton Maryland DATE SIGNED 10 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/11/54

NAME OF CEMETERY OR CREMATORY Bethel

LOCATION (City, town, or county) near Federalsburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/9/54

REGISTRAR'S SIGNATURE N. H. Neerus

24. FUNERAL DIRECTOR J J Frampton Son ADDRESS Federalsburg Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05884

5906

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WITTMAN X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WITTMAN X
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) ADA (Middle) MAY (Last) BRANDOW

4. DATE OF DEATH: (Month) JUNE (Day) 4 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 2 1889
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): ~~[illegible]~~ WITTMAN, TALBOT CO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: GEORGE D. JACKSON
14. MOTHER'S MAIDEN NAME: ADA JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Louisia Knox, Wittman Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) arteriosclerotic cardio vascular d.	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-4, 1954, to 6-4, 1954, that I last saw the deceased alive on 6-4, 1954, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS St Michaels Md DATE SIGNED 6-7-54

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF 6/7/54
NAME OF CEMETERY OR CREMATORY Christ Cemetery
LOCATION (City, town, or county) St. Michaels Md (State)

DATE REC'D BY LOCAL REG. June 7, 54
REGISTRAR'S SIGNATURE Mrs Robert R. Seth
24. FUNERAL DIRECTOR S. Hambleton Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

I

RECEIVED
JUN 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5891 **CERTIFICATE OF DEATH** Reg. Dist. No. 05887 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
STREET ADDRESS (If rural give location) 209 South St

3. NAME OF DECEASED: (Type or Print) (First) Berwin (Middle) Elmer (Last) Chambers.
4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1954.
5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov 22 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jerome Chambers.
14. MOTHER'S MAIDEN NAME: Annie Todd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-28-3504
17. INFORMANT & ADDRESS: Mrs Helen Chambers (wife) Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

410X Immediate cause (a) Rheumatic Heart Disease with mitral & aortic — 1 year.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Valve Involvement.

DUE TO (c) Rheumatic Fever — 6 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1954, to June 9, 1954, that I last saw the deceased alive on 6-9, 1954, and that death occurred at 11.55 pm from the causes and on the date stated above.
SIGNATURE William L. Winters (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 6-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 12, 1954
NAME OF CEMETERY OR CREMATORY Jr. Order
LOCATION (City, town, or county) (State) Preston Md
DATE REC'D BY LOCAL REGISTRAR 6/16/54
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR Maurice E. Neuman & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1954
BUREAU V. S.

Film#G167 Item# 8
6/16/54 emf

05888

5907

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman — LENGTH OF STAY (in this place): 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: No

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman, Md.
STREET ADDRESS (If rural, give location): no

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary Anna Elizabeth Cooper
4. DATE OF DEATH (Month) (Day) (Year): June 7 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 21, 1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Tilghman, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alexander Cooper
14. MOTHER'S MAIDEN NAME: Mary L. Lark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Edna L. Blades, Tilghman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174X

Immediate cause (a) Intestinal obstruction — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer uterus — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to June 7, 1954 that I last saw the deceased alive on June 7, 1954, and that death occurred at 2:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gwyn Reeves — ADDRESS Md. Tilghman — DATE SIGNED Mar.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 9, 54 — NAME OF CEMETERY OR CREMATORY: Tilghman Cem — LOCATION (City, town, or county) (State): Tilghman Md

DATE REC'D BY LOCAL REG.: June 8, 1954 — REGISTRAR'S SIGNATURE: Mrs Robt R. Seth — 24. FUNERAL DIRECTOR: J. Reed Moore — ADDRESS: Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05889

5908

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
LENGTH OF STAY (in this place) 8 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mill st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bellure
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Amanda (Middle) (Last) Copper

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: 2-10-64
9. AGE last birthday 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Green
14. MOTHER'S MAIDEN NAME: Daffney Ann Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: James Copper St. Michaels, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4 d.d. IMMEDIATE CAUSE	(A) cerebro-vascular accident	1 wk
ANTECEDENT CAUSE (S) DUE TO	(B) cardiac failure	6 mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO	(C) arteriosclerotic cardiovascular d.	—

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7-6, 1953, to 6-22, 1954, that I last saw the deceased alive on 6-22, 1954, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS St Michaels Md. DATE SIGNED 6-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/24/54
NAME OF CEMETERY OR CREMATORY Richards Cem.
LOCATION (City, town, or county) (State) Easton, Md.

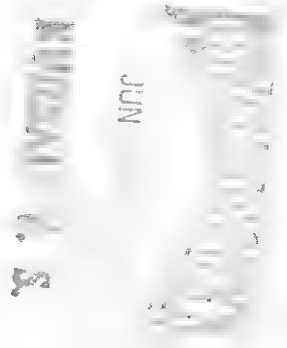
DATE REC'D BY LOCAL REGISTRAR 6-24-54
REGISTRAR'S SIGNATURE Mrs Robert L. Seth
24. FUNERAL DIRECTOR James B. Darwell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Resser



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05890

5892 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 month 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Erno (Middle) Griffith (Last) Courson

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: Aug 1, 1900

9. AGE Last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Griffith

14. MOTHER'S MAIDEN NAME: Agnes Pardoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs. S. E. Douglas - Preston, Md.

18. MEDICAL CERTIFICATION (Postal)

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardiac decompensation — 3 dy

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis — 6 mos

DUE TO (c) Primary Carcinoma of Right Breast — 3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6 ..., 19 54, to 6/15 ..., 19 54, that I last saw the deceased alive on 6/14 ..., 19 54, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

6/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/17/54 — NAME OF CEMETERY OR CREMATORY Preston — LOCATION (City, town, or county) (State) Preston, Md

DATE REC'D BY LOCAL REGISTRAR 6/16/54 — REGISTRAR'S SIGNATURE M. A. Morris

24. FUNERAL DIRECTOR J. M. Tull — ADDRESS Preston Md

VS. A15

RECEIVED
JUN 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05892

5893

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Easton Point

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) (Last) Elms

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 20, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr John Thomas Elms
14. MOTHER'S MAIDEN NAME: Martha E Price

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Alberta Elms (wife) Easton Md. RFD. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Valvular Heart Disease (Rheumatic) — Interval Between Onset And Death 2 yrs ?

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1952, to 6/9/, 1954, that I last saw the deceased alive on 6/9/, 1954, and that death occurred at 9 50 a.m. from the causes and on the date stated above.

SIGNATURE: B Cox (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 6/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/11/54
NAME OF CEMETERY OR CREMATORY: Spring Hill
LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REGISTRAR: 6/10/54
REGISTRAR'S SIGNATURE: N. H. Neeres
24. FUNERAL DIRECTOR: Maurice E Dewmann ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05893

5894 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH. COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 talbot Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY tablot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 106 talbot Lane

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) Lynn (Last) Gibson

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-23-51
9. AGE last birthday 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Gibson
14. MOTHER'S MAIDEN NAME: Julia Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS. Mrs Julia Gibson Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia Lobular — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1954, to 6/5, 1954, that I last saw the deceased alive on 6/5, 1954, and that death occurred at 5 P. M, from the causes and on the date stated above.

SIGNATURE Frank E Mason M.D. ADDRESS M.D. 18 W. Street 4 DATE SIGNED Easton Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/7/54
NAME OF CEMETERY OR CREMATORY Richards
LOCATION (City, town, or county) (State) Easton Md.

DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Oakwell ADDRESS Easton, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05894

5895 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town), OR TOWN Easton.
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton.
STREET ADDRESS (If rural give location) 133 Port St.

3. NAME OF DECEASED: (First) Dorothy (Middle) (Last) Gibson.
4. DATE OF DEATH: (Month) June. (Day) 9 (Year) 1954.
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced.
8. DATE OF BIRTH: May 30-1917
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H W
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Robert Cornish
14. MOTHER'S MAIDEN NAME: Maude Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert Cornish (father) - Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — Interval Between Onset And Death

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:10 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/13/54
NAME OF CEMETERY OR CREMATORY New Chapel
LOCATION (City, town or county) (State) Easton, Md R1
DATE REC'D BY LOCAL REGISTRAR 6/10/54
REGISTRAR'S SIGNATURE M.A. Meeres
24. FUNERAL DIRECTOR James B. Dashiell Easton Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1954
BUREAU V. S.

Film#G168 Item# 9
7/2/54 e mf

5909

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05895

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Katie Haddaway
4. DATE OF DEATH (Month) (Day) (Year): 6 - 25 - 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec 5 1891
9. AGE last birthday: 62 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Food Packer
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (State or foreign country): Tilghman Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Marshall
14. MOTHER'S MAIDEN NAME: Matilda Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-14-9019
17. INFORMANT AND ADDRESS: Lehman Cummings, Tilghman Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma rectum — 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1954 to June 25, 1954, that I last saw the deceased alive on June 25, 1954, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: Guy M Reed, Grant (Degree or title) — ADDRESS: Tilghman — DATE SIGNED: [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-28-54 — NAME OF CEMETERY OR CREMATORY: Tilghman Cem — LOCATION (City, town, or county) (State): Tilghman Md
DATE REC'D BY LOCAL REG.: June 27-54 — REGISTRAR'S SIGNATURE: Mrs Rolph L. Seth — 24. FUNERAL DIRECTOR — ADDRESS: [illegible] Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 29 1954

BUL[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5896

CERTIFICATE OF DEATH

05896

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Cardine
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) (Last) Jarrell

4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Jan 10, 1883 | 9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Wm. Jarrell | 14. MOTHER'S MAIDEN NAME: ~~Lida Brattle~~ Mary Bettle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: Unknown | 17. INFORMANT & ADDRESS: Elizabeth Shafer, Goldsboro, Md. (Granddaughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ... | Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic Heart Disease | Several years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) | DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3/..., 19 54 to 6/28/..., 19 54, that I last saw the deceased alive on 6/28/, 1954 and that death occurred at 3:20 p.m.; from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Cox M.D. | ADDRESS Easton Md | DATE SIGNED 6/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/1/54 | NAME OF CEMETERY OR CREMATORY Baptist | LOCATION (City, town, or county) Near Goldsboro | (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/29/54 | REGISTRAR'S SIGNATURE N. H. Nelms | 24. FUNERAL DIRECTOR Raymond B Rawlings | ADDRESS Preston Md

VS. A15

RECEIVED
JUL 7 193
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05897

5897 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 6 days
HOSPITAL ~~OR INSTITUTION OR STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newcomb
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) H. (Last) Leverage
4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept 13, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Nathaniel Leverage
14. MOTHER'S MAIDEN NAME: Sallie Clark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Rigby Ross Onwright Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leukemia — lymphocytic — Interval Between Onset And Death 4 wks

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28-, 1954, to 6-3-, 1954 that I last saw the deceased alive on 6-3-, 1954 and that death occurred at 9:10 am, from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 6-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 5 1954 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/4/54 REGISTRAR'S SIGNATURE N. H. Neerer 24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05899

5898 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph. (Middle) C. (Last) Mandrell.
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1954.
5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 31, 1951
9. AGE last birthday: 3. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Mr J. Carlton Mandrell
14. MOTHER'S MAIDEN NAME: Virginia Baker.
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr J. Carlton Mandrell (Father) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 202.1

Immediate cause (a) Cerebral Edema — Interval Between Onset And Death: 2 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Anemia Aplastic — 4 wks

DUE TO (c) Reticulo endothelioses (Hands Christian Schuyler Disease) — 2½ yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~[illegible]~~ 1953, ~~1954~~, to 6/16, 1954, that I last saw the deceased alive on 6/16, 1954, and that death occurred at 4:30 Am, from the causes and on the date stated above.

SIGNATURE John E Barbutt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 6/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 19, 1954 NAME OF CEMETERY OR CREMATORY Denton LOCATION (City, town, or county) Denton, (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/17/54 REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Charles V. Moore ADDRESS Denton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05900

5910 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Douglass (Last) McDaniel
4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-25-1881
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph McDaniel
14. MOTHER'S MAIDEN NAME: Kate McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Irene McDaniel

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Gen Art Sch — yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1952, to 6-13, 1954, that I last saw the deceased alive on 6-12, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE W F Burrell M. D. ADDRESS Easton Md DATE SIGNED 6-17-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/17/54
NAME OF CEMETERY OR CREMATORY Ivy town Cem.
LOCATION (City, town, or county) (State) Ivy town Md.

DATE REC'D BY LOCAL REGISTRAR 6/14/54
REGISTRAR'S SIGNATURE N. H. Neerux
24. FUNERAL DIRECTOR James B Daniell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUN 21 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5911 CERTIFICATE OF DEATH

05901

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OXFORD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PA. COUNTY PHILA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PHILA.
STREET ADDRESS (If rural give location) 1211 N. 58TH ST.

3. NAME OF DECEASED: (Type or Print) (First) VIOLET (Middle) MAE (Last) NICHOLSON

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: MARCH 5 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): NEWPORT DEL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH SAUNDERS THOMPSON

14. MOTHER'S MAIDEN NAME: SARAH SAUNDERS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 214-32-2279

17. INFORMANT & ADDRESS: Paul L. Nicholson Phila. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension

DUE TO

(c) Arterio-Sclerotic Heart disease

Interval Between Onset And Death: 5 HRS. / 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9-, 1954, to 6-9-, 1954, that I last saw the deceased alive on 6-9-, 1954, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald F. Bartley M.D. Easton, Md 6-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF JUNE 15 1954

NAME OF CEMETERY OR CREMATORY EDEN CEMETERY

LOCATION (City, town, or county) (State) DARBY DELAWARE PA.

DATE REC'D BY LOCAL REGISTRAR 6/10/54

REGISTRAR'S SIGNATURE N. A. Meeris

24. FUNERAL DIRECTOR ADDRESS James B. Bartlett, Easton, Md.

VS. A15

RECEIVED
JUN 15 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5899 **CERTIFICATE OF DEATH** 05902 Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION ~~OR STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) (Last) Wood
4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 19 54
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11/25/1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: N.W.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Skinner
14. MOTHER'S MAIDEN NAME: Mary Skinner
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Dorothy Pinder (daughter)

18. MEDICAL CERTIFICATION (Same)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 450.0 Hemiplegia left — weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Gen Art Sel — yrs
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-50, to 6-1-54, that I last saw the deceased alive on 6-1, 1954, and that death occurred at 7:40 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W T Reed M D Easton 6-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 6/4/54 Reedards Easton Md

DATE REC'D BY LOCAL REGISTRAR 6/2/54 REGISTRAR'S SIGNATURE N. H. Keene 24. FUNERAL DIRECTOR Lewis H Baynum ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5903

CERTIFICATE OF DEATH

5912

Reg. Dist. No. 241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Claiborne
LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ----

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Claiborne
STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) M. (Last) PROBEY

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 28, 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months . Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles R. Stuart

14. MOTHER'S MAIDEN NAME: Henry Ann Davidson Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Thomas O. Probey, Claiborne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) cardiac failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) arteriosclerotic cardiovascular d. — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 6 mos. (b) -

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: thrombophlebitis - Right leg.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1954, to 6-25 1954 that I last saw the deceased alive on 6-25, 1954 and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Maynard Beck M.D. St Michaels md. 6-25-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 28, 1954 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln, — LOCATION (City, town, or county) (State): Bladensburg, Md.

DATE REC'D BY LOCAL REG. 6-25-54 — REGISTRAR'S SIGNATURE: Mrs Robt R. Seeds — **24. FUNERAL DIRECTOR** ADDRESS: L. Hampleton Harrison St. Michaels Md

RECEIVED
JUN 23 19
DUKE U. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #5904

5900 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Talbot Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural give location) 116 Talbot Lane

3. NAME OF DECEASED: (First) Wilhemina (Middle) (Last) Rich (Type or Print)

4. DATE OF DEATH: (Month) June (Day) 28th (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8-1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 2 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework, Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Easton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robt Rich

14. MOTHER'S MAIDEN NAME: Adelaide Trueheart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Grace Rich, 116 Talbot Lane Easton Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Myocarditis	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	3-4 years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25, 1954, to 6/28, 1954, that I last saw the deceased alive on 6/28, 1954, and that death occurred at 10:30 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Howard T. Pratt, M.D. ADDRESS Easton, Md. DATE SIGNED 6/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 1-1954 NAME OF CEMETERY OR CREMATORY Cokesbury Cemetery LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/29/54 REGISTRAR'S SIGNATURE M. A. Meeres

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05905

5901

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Goldsboro St.

3. NAME OF DECEASED: (Type or Print) (First) Arianna (Middle) Leonard (Last) Roberts

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 8. DATE OF BIRTH: April 10, 1870 9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY: Own Home 11. BIRTHPLACE (State or foreign country): Talbot County, Md 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clement Robert Leonard 14. MOTHER'S MAIDEN NAME: Clara Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: None 17. INFORMANT & ADDRESS: Robert L. Robert, Sr. Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease with cardiac hypertrophy and myocardial insufficiency

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO DUE TO (c)

Interval Between Onset And Death: 4 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1954, to 6/10, 1954, that I last saw the deceased alive on 6/10, 1954, and that death occurred at 5:30 AM; from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank E Mason M.D. ADDRESS 18 W Dover St Easton Md DATE SIGNED 6/11/1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF June 12, 54 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/11/54 REGISTRAR'S SIGNATURE N. H. Nevius 24. FUNERAL DIRECTOR [illegible] ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05906

CERTIFICATE OF DEATH

5902

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) E (Last) Poe

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct 11, 1894.
9. AGE last birthday: 59. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: HW
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? Usa.

13. FATHER'S NAME: Chas. Evans.
14. MOTHER'S MAIDEN NAME: Laura Va porter.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. T. Dukes Roe - Denton, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19 ....., and that death occurred at 7 10 ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. A. Schmid, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 11 Jun 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF June 11, 1954
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton - Md

DATE REC'D BY LOCAL REGISTRAR 6/9/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J. P. Moore Denton Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05907

5913

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) outside Trappe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut River

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TRAPPE
STREET ADDRESS (If rural give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) ROY (Middle) FRANKLIN (Last) SEYMOUR
4. DATE OF DEATH: (Month) JUNE (Day) 27 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JUNE 9 1934
9. AGE last birthday 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): worked for father on farm
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES SEYMOUR
14. MOTHER'S MAIDEN NAME: MARY HARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Charles Seymour

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Accidental drowning
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) H. rescue of others
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chestnut River
21C. WHERE DID INJURY OCCUR? (City or town) in Trappe (County) Talbot (State) Md
21D. TIME OF INJURY (Month) 6 (Day) 27 (Year) 54 (Hour) 1 P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the ~~deceased from~~ ....., 19 ..., to ....., 19 , that I last saw the deceased alive on ....., 19 ..., and that death occurred at 1 P M, from the causes and on the date stated above.

SIGNATURE Louis Moretty MD DME M.D. ADDRESS Easton Md DATE SIGNED 6-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 6-30-54
NAME OF CEMETERY OR CREMATORY LANDING NECK CEMETERY
LOCATION (City, town, or county) TRAPPE, MD (State) (Rural)

DATE REC'D BY LOCAL REGISTRAR 6/28/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Maurice E. Newnam & Son - Easton, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5914

Reg. Dist. No. 05908 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Michaels
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Michaels.
STREET ADDRESS (If rural give location) Chestnut St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Harry Percival Shannahan

4. DATE OF DEATH: (Month) (Day) (Year) June 14 1954.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Jan 16, 1875.
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired.
10b. KIND OF BUSINESS OR INDUSTRY: Artesian wells.
11. BIRTHPLACE (State or foreign country): Talbot County, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William J. Shannahan.
14. MOTHER'S MAIDEN NAME: Mary Jane Eaton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Bessie Eaton, Wilmington, Del.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic cardiovascular — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic cardiac failure

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8-5, 1952 to 6-14, 1954, that I last saw the deceased alive on 6-14, 1954, and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS St Michaels Md. DATE SIGNED 6-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF June 16, 54
NAME OF CEMETERY OR CREMATORY Silverbrook
LOCATION (City, town, or county) (State) Wilmington, Delaware.
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Mrs Robt L. Seth
24. FUNERAL DIRECTOR [signature]
ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05909

5915 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastside Tilghman
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1319 ST. PAUL STREET

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) B. (Last) STAPLES

4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 1954

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH | 9. AGE last birthday 29 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RADIO TECHNICIAN
10b. KIND OF BUSINESS OR INDUSTRY Communication
11. BIRTHPLACE (State or foreign country) Charles City VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME FRANK P. STAPLES
14. MOTHER'S MAIDEN NAME OCTAVIA BRANDFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) KOREAN WAR
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS FRANK P. STAPLES, 716 MAYFLOWER APT. VIRGINIA BEACH, VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Body recovered nr. Sharps Is.

(c) P.M. 6/ of 6-27-54

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chesapeake Bay | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) 6 (Day) 27 (Year) 54 (Hour) A m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Boat capsized

22. I hereby certify that I ~~attended the deceased from~~ ....., 19.. ., to ....., 19....., that I last saw the deceased alive on ....., 19. . , and that death occurred at ? A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Mertz M.D. ADDRESS D.M.E. Easton 2nd DATE SIGNED 6-27-54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF JUNE 29 1954 | NAME OF CEMETERY OR CREMATORY OAKWOOD CEMETERY | LOCATION (City, town, or county) (State) RICHMOND, VA.

DATE REC'D BY LOCAL REG. June 28, 54 | REGISTRAR'S SIGNATURE Miss Ralph R. Seth | 24. FUNERAL DIRECTOR S. Hamilton Harrison | ADDRESS St. Michaels Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death plainly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05910

5916 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Swartz

4. DATE OF DEATH: (Month) June (Day) 21st (Year) 1954

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: Aug 9 1860 — 9. AGE last Birthday: 93 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Merchant — 10b. KIND OF BUSINESS OR INDUSTRY: Mercantile — 11. BIRTHPLACE (State or foreign country): Harrisburg, Pa — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leonard Swartz — 14. MOTHER'S MAIDEN NAME: Mary Rife

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: No — 17. INFORMANT & ADDRESS: Arthur Swartz, Easton, RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO (c)

Interval Between Onset And Death: 14 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1945, to June 21, 1954, that I last saw the deceased alive on June 19, 1954, and that death occurred at 7:12 A.M., from the causes and on the date stated above.

SIGNATURE Paul Potts (Degree or title) M.D. — ADDRESS Easton Md — DATE SIGNED 6-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF June 23 54 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton — (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/22/54 — REGISTRAR'S SIGNATURE M.F. Nelms — 24. FUNERAL DIRECTOR — ADDRESS Easton

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5903 **CERTIFICATE OF DEATH** 05911

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 305 Goldsborough St.

3. NAME OF DECEASED: (Type or Print) (First) Priscilla (Middle) (Last) Todd
4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec 2, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mrs Levin Butler
14. MOTHER'S MAIDEN NAME: Mary Wright

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Eva Todd 305 Goldsborough St. Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Hemorrhage
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — generalized
DUE TO

(c)

Interval Between Onset And Death: 4 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of body of uterus with metastasis to pelvis.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1956, to June 10, 1954 that I last saw the deceased alive on June 10, 1954 and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE M. C. Palmer (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 6/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 14 1954 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/11/54 REGISTRAR'S SIGNATURE N. H. Neiser
24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05913

5904

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 14-37-2
STREET ADDRESS (If rural give location) 206 N. Water Street

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) M (Last) Wilkins

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 8 1876

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Moffett

14. MOTHER'S MAIDEN NAME: Martha Stanley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs William S. Collins (Daughter) (Chestertown Md)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) paralytic stroke - Cerebrovascular Hemorrhage DUE TO — Interval Between Onset And Death 16 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulosis of Duodenum, Colon 30 yrs

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 54, to June 25, 19 54 that I last saw the deceased alive on June 25, 19 54 and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M. D. ADDRESS 136 S Washington Easton Md DATE SIGNED 7/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 6/28/1954 NAME OF CEMETERY OR CREMATORY WESLEY CHAPEL LOCATION (City, town, or county) (State) ROCK HALL - KENT Co. - Md

DATE REC'D BY LOCAL REGISTRAR 6/26/54 REGISTRAR'S SIGNATURE M. W. Meeds

24. FUNERAL DIRECTOR J. Willis Wells ADDRESS Chestertown, Md

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

5905 MARYLAND STATE DEPARTMENT OF HEALTH

RE @ 11 50 am

05914

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 17 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton 05X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Wilson
4. DATE OF DEATH (Month) June (Day) 14 (Year) 1954

5. SEX male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH June 1893
9. AGE last birthday 61? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Samuel Perkins
14. MOTHER'S MAIDEN NAME Maggie Perkins.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. unknown
17. INFORMANT AND ADDRESS Elaine Farrare (neice) Cambridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
490X Immediate cause	(a) Chronic Bronchitis - Lobar Pneumonia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hepatomegaly	?
	(c) Myocarditis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Duncan O George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 6/18/54

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 6-18-54 NAME OF CEMETERY OR CREMATORY Bell's Chapel LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. 6/18/54 REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR Charles Moore Denton, Md. ADDRESS per. MSS.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
JUL 2 1954
BUREAU V. S.